

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BrewerRegistration District No. 318

Township

Primary Registration District No. 2001City Springfield(No. 1346 Sherman)

File No.

5906

Registered No.

0126

St.

Ward)

2. FULL NAME

(a) Residence, No. 1346 Sherman St. Sherman Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Frank B Dean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 20, 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

521020

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Billings Missouri

13. NAME

Peter Rauch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Caroline Winter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Baltimore Md

17. INFORMANT (ADDRESS)

Geo. H. Rauch
Billings Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE Feb 12 19 37

19. UNDERTAKER (ADDRESS)

A. J. Wallace
Billings Mo

20. FILED

Feb 11 19 37 Chas A George Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 10 193722. I HEREBY CERTIFY, That I attended deceased from 11/9/36 1936 to 2 - 10 1937I last saw him alive on 2 - 9 1937 Death is said to have occurred on the date stated above, at 2³⁰ P.M.

The principal cause of death and related causes of importance were as follows:

Intra-cranial HemorrhageCerebral Apoplexy

Other contributory causes of importance:

Hypertensive Cardio-Vascular DiseasePrevious Strokes (3)

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

R. M. White

M. D.

(Address)

Springfield

Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

